

**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**  
(Includes Reference to PCT International Applications)

Attorney's Docket No.  
**3190-47CON**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**VACUUM PUMP WITH FAIL-SAFE VANES**

the specification of which (check only one item below)

☒ is attached hereto

☐ was filed as United States application

Serial No.

on

and was amended

on \_ (if applicable).

☐ was filed as PCT international application

Number

on

and was amended under PCT Article 19

on \_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

**PRIOR FOREIGN/PCT APPLICATIONS AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

Country (if PCT, indicate "PCT")	Application Number	Date of Filing (day, month, year)	Priority Claimed Under 35 U.S.C. 119	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

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<p><b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) at <i>Cohen, Pontani, Lieberman &amp; Pavane</i> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith</p> <p style="text-align: center;"><b>Customer number 27799</b></p>				
Send correspondence to <i>Cohen, Pontani, Lieberman &amp; Pavane</i> at the address for the following customer Number: <b>27799</b>			Direct Telephone calls to: (name and telephone number) <b>Lance J. Lieberman</b> <b>(212) 687-2770</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements weremade with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.				
<b>2 0 1</b>	FULL NAME OF INVENTOR	FAMILY NAME <b>HEDRICK</b>	FIRST GIVEN NAME <b>Geoffrey</b>	SECOND GIVEN NAME <b>S.M.</b>
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>14 Laurel Circle</b>	CITY <b>Malvern</b>	STATE & ZIP CODE/COUNTRY <b>Pennsylvania 19355-2912</b>
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	RESIDENCE, CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
<b>2 0 4</b>	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
<b>2 0 5</b>	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
<b>2 0 6</b>	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
Additional inventor(s) name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		